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Follow-up actions to the recommendations of the International Conference on Population and Development

Statement submitted by the International Women's Health Coalition, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31 of 25 July 1996.

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Reproductive health and rights: a vital strategy in the fight against HIV/AIDS

1. Ten years ago, at the International Conference on Population and Development (ICPD) in Cairo, 179 Governments agreed that sexual and reproductive health and rights, women's empowerment, and gender equality should be at the centre of the global development agenda. This agreement has been strengthened and reaffirmed at least 10 times since, including by the United Nations Summit on HIV/AIDS in 2001.

2. In 2001, UNAIDS announced that more than half of the people living with HIV/AIDS in sub-Saharan Africa were girls and women. Evidence on increasingly widespread feminization of the HIV/AIDS pandemic is clear and frequently acknowledged. The Cairo agreements charted the course we should take. The international community needs to move forward and much faster to make these agreements reality.

3. The most prominent indicator of our failure to defend sexual and reproductive health and rights is the feminization of the AIDS epidemic. Nearly 50 per cent of the 40 million people living with HIV/AIDS around the world are female, and young women account for 62 per cent of persons aged 15 to 24 living with HIV/AIDS worldwide. In sub-Saharan Africa, 75 per cent of infected young people are female and in many high prevalence countries, adolescent girls are four to six times more likely than boys their age to be living with HIV/AIDS. When it comes to counselling, testing, care and treatment, women frequently have less access than men. Being a married woman is a high risk factor in many countries.

4. Girls and women have even less access than men, and present later, to health services for counselling, testing, care, and ARV treatment. Women experience significantly more stigma than men, as well as twice the level of violence when their HIV/AIDS status becomes known. Women and girls generally bear the brunt of home-based care. All this was predictable.

5. The feminization of the epidemic demonstrates that prevention and care will fail if determinants of the epidemic such as gender inequality and poverty are not addressed — gender influences the spread of the disease, its impact and the failure or success of prevention efforts. Too often messages about HIV/AIDS are narrowly focused on disease control and do not address the many factors that increase girls' and women's risk. Another major shortcoming is the failure to invest in sexual and reproductive health services for all women, including building up their capacity to act in response to HIV/AIDS. In his World AIDS Day message on 1 December 2004, UNAIDS Executive Director Peter Piot said that "prevention methods such as the 'ABC' approach — Abstinence, Be faithful, and use Condoms — are good but not enough to protect women where gender inequality is pervasive. We must ensure that women can choose marriage, decide when and with whom to have sex, and successfully negotiate condom use." Another important issue that has received little attention is the neglect and violation of the rights of women living with HIV/AIDS, particularly their sexual and reproductive rights.

6. There is a growing consensus that a response to the feminization of the epidemic needs to include:

- Reproductive health services, including family planning, safe motherhood, services for the prevention and treatment of STIs and services that treat and prevent gender based violence
- The promotion of girls' primary and secondary education, the guarantee of inheritance and property rights, and the provision of economic opportunities for women.
- The promotion of open discussion on issues of sexuality and gender, increased ability to negotiate safe sex, greater awareness of the need to alter traditional norms about sexual relations
- Better access to treatment and support for the care function that women perform

7. HIV/AIDS leadership and the wider community, recognizing the feminization of the epidemic, increasingly acknowledge the realities of girls' and women's lives that put them at such high risk of infection. The list of these realities is the same as those addressed by the Cairo conference 10 years ago.

8. Before ICPD, the population field focused mainly on fertility control; demographers were its primary experts; and family planning was the main solution. For years, women activists who knew women's realities argued for a wider paradigm. And the 1994 Cairo conference provided an opportunity for debate and a new consensus. While recognizing family planning is essential, the Cairo Programme of Action says it should be delivered through a broader reproductive health and rights approach, together with investment in programmes to achieve gender equality, women's empowerment, human rights, and poverty alleviation. We also acknowledged in Cairo that, going forward, securing and fulfilling adolescents' rights to sexuality education and health services would have to be a high priority.

9. AIDS policies have focused on outreach to core group transmitters; narrow HIV/AIDS messages about the disease, as opposed to sexuality or power or relationships; and condoms as primary means of prevention, with additional attention to such matters as blood safety and protection of health workers. The feminization of the epidemic indicates that these interventions have been woefully inadequate to protect girls and women outside the core groups.

10. Had we invested in gender equality 30 years ago, as the first world conference on women agreed — or in equality, youth empowerment, and sexual and reproductive rights and health, as the Cairo conference agreed 10 years ago — the HIV/AIDS epidemic would not have become feminized, and possibly, not generalized. The international community needs to seriously invest in gender equality, youth empowerment, and sexual and reproductive health and rights going forward.

11. Ten years after the ICPD paradigm shift in population policy, we need another paradigm shift — this time in HIV/AIDS policies — to better prevent infection in girls and women, and also to ensure their equitable access to effective testing, care, and treatment. There is a need for wider and sustained investment in sexual and reproductive health and rights, as defined in Cairo, by the HIV/AIDS community specifically.

12. IWHC suggests two primary shifts in HIV/AIDS policies. The first is to broaden HIV/AIDS strategies to encompass sexual and reproductive health and rights services for the vast majority of girls and women who are not core group transmitters. The second is to promote and support comprehensive sexuality education, not just HIV/AIDS education. Both of these are vital to help today's girls and women protect themselves. They will also be fundamental in preparing communities, individuals, and health and education systems for the crucial processes of testing, developing, and ultimately introducing microbicides and vaccines meant for all populations, not just the core groups. These two investments aim to achieve not only short-term outcomes, but also long-term social changes in gender relations and in respect for human rights, including, centrally, sexual and reproductive rights.

13. Achieving this crucial HIV/AIDS policy paradigm shift, requires work with policy makers, and the epidemiologists and economists who advise them, to think anew about the underlying dynamics driving the HIV/AIDS pandemic. It will require engaging our currently separate communities in partnership: the HIV/AIDS community, women's health advocates, human rights activists, and the reproductive health/population field. It will also require leadership, time, and resources. The payoff will be huge — saving millions of lives.